

PTO/SB/31 (08-03)

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 021911.000600US				
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9308 on November 1, 2004.  Signature _____  Typed or printed name <u>Pamela Skelton</u>	In re Application of <b>Claire E. Lewis, et al.</b> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Application Number <b>09/284,009</b></td> <td style="width: 50%;">Filed <b>April 5, 1999</b></td> </tr> </table> <hr/> For <b>Mononuclear Phagocytes in Therapeutic Drug Delivery</b> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Art Unit <b>1636</b></td> <td style="width: 50%;">Examiner <b>Celine X. Qian</b></td> </tr> </table>		Application Number <b>09/284,009</b>	Filed <b>April 5, 1999</b>	Art Unit <b>1636</b>	Examiner <b>Celine X. Qian</b>
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) **\$ 340.**

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application in a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-1430. I have enclosed a duplicate copy of this sheet.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**


I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

☒ attorney or agent of record.  
Registration number 44,461

☐ attorney or agent acting under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a): \_\_\_\_\_

  
 Signature  


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**Kawai Lau** Reg. No. 44,461  


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 Typed or printed name  


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**(858) 350-6151**  


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 Telephone number  


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**November 1, 2004**  


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 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

60324637 v1

PTO/SB/31 (08-03)

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on November 1, 2004.  Signature _____  Typed or printed name <u>Pamela Skellon</u>	In re Application of <b>Claire E. Lewis, et al.</b> <hr/> Application Number <b>09/284,009</b> Filed <b>April 5, 1999</b> <hr/> For <b>Mononuclear Phagocytes in Therapeutic Drug Delivery</b> <hr/> Art Unit <b>1836</b> Examiner <b>Celine X. Qian</b>	
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<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>44,461</u>		<u>(858) 350-6151</u> Telephone number
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a), _____		<u>November 1, 2004</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
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